



# Department of Employment Dispute Resolution

## Group Mediation Program Six-Month Evaluation

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(name of interviewer)

Name of Agency: \_\_\_\_\_

Department: \_\_\_\_\_

EDR received request for mediation: \_\_\_\_\_  
(date)

Dates of mediation: \_\_\_\_\_  
(starting date to last session)

Number of sessions: \_\_\_\_\_

Mediators: \_\_\_\_\_

Agreement: \_\_\_\_\_  
(written agreement, informal agreement, no agreement)

Agreement, if reached, in file: \_\_\_\_\_  
(yes or no)

Questions for the Agency Workplace Mediation Coordinator:

\_\_\_\_\_  
(name/phone)

1. Who initiated the idea of group mediation as a method of conflict resolution in this situation?  
(management, employee or program administrator)
2. What conditions were present to encourage you to consider group mediation?
3. What did you expect from group mediation?
4. Were your expectations met?
5. Were other interventions needed to address the problems? If so, what were they and when were they employed?
6. In your opinion, what went well with group mediation in this instance?
7. In your opinion, what did not go well with group mediation in this instance?
8. What has happened, to your knowledge, with the department since the mediation?  
(e.g., did the conflict continue, were there resignations, reorganization, change in leadership, other structural changes such as supervisory reporting relationship changes, etc.)
9. What was management's awareness of the Group Mediation Program? (If aware, what was the reaction to the outcome?)
10. How could the Group Mediation Program have better served you in this instance?

11. How could the Group Mediation Program better serve the State's workforce?

12. If there were a charge associated with group mediation, would you pay for such a service?

Thank you for providing this feedback. Your comments will be used only to evaluate and improve EDR's workplace mediation program. Your comments are confidential and will not be used in any other way.

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